

**REQUEST FOR VARIANCE FROM  
Seattle King County Department of Public Health  
KING COUNTY FOOD CODE**

THE FEE FOR VARIANCE REVIEW IS \$154.00 DATE \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_ TYPE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

I request a variance from the following requirement(s): WAC 246-215-08300 Requirement to obtain an operating permit

I am unable to comply because: \_\_\_\_\_

I will make the necessary correction to bring my establishment to code by \_\_\_\_\_  
(schedule for work completion attached) (Date)

**AND/OR**

I will do the following to protect public health: \_\_\_\_\_

**OWNER (Print Name)**

**DATE**

**OWNER SIGNATURE**

***Do Not Write Below This Line***

SERVICE REQUEST # \_\_\_\_\_ FACILITY # \_\_\_\_\_

VARIANCE ACCEPTED \_\_\_\_\_ Program Manager Concur  
Signature of EHS Supervisor Date

CONDITIONS \_\_\_\_\_

VARIANCE DENIED \_\_\_\_\_ Program Manager Concur  
Signature of EHS Supervisor Date

Comments/Reasons: \_\_\_\_\_

***If you disagree with this decision, you may appeal in writing to the  
Manager of the Food and Facilities Section***

Available in alternative format upon request pursuant to ADA

**DISTRICT HEALTH CENTERS**

<b>EASTGATE</b>	<b>DOWNTOWN</b>
14350 S.E. Eastgate Way	401-5 <sup>th</sup> Ave, 11 <sup>th</sup> Floor
Bellevue, WA 98007	Seattle, WA 98104
(206) 296-9791	(206) 263-9566